

MACOMB CIRCUIT COURT CASE EVALUATOR APPLICATION

(Not to be used by ADR Mediator Applicants)

☐ New application ☐ Renewal Application

Name _____ P# _____

Firm name or Business address _____

Street _____

City _____

State and Zip _____

Telephone: (_____) _____ Fax (_____) _____

1. Panel sought (select one):

☐ General Civil

☐ Personal Injury (☐ Plaintiff ☐ Neutral ☐ Defense)

2. Have you served as a case evaluator? ☐ Yes ☐ No. If yes, please describe on an attachment.

3. When were you admitted to the practice of law (month/day/year)? _____

4. Are you a member in good standing of the State Bar of Michigan? ☐ Yes ☐ No

5. Do you qualify for service in this jurisdiction by (a) ☐ residing in Macomb County (b) ☐ maintaining an office in Macomb County, or (c) ☐ an active practice in Macomb County?

6. Please provide factual support for your qualification(s) under question 5 by providing your Macomb County address (if different than your business address above) or a description of your "active practice" on an attachment.

7. Please demonstrate that a substantial portion of your practice for the last 5 years has been devoted to civil litigation matters as required by MCR 2.404(B)(2)(c) on an attachment.

If you are applying for service on the Personal Injury List pursuant to MCR 2.404(B)(4), please answer the following questions. All others skip to the certification section.

1. In your practice, do you primarily represent:
☐ Plaintiffs? ☐ Defendants? ☐ Not identifiable?
2. Please demonstrate that you have had an active practice in personal injury for at least the last 3 years as required by MCR 2.404(B)(2)(d) on an attachment.
3. How many cases on average have you handled during MCR 2.403 **case evaluation** as counsel for a party over the last three years? _____.
4. How many cases on average have you **arbitrated** as counsel for a party over the last three years? _____.
5. How many cases on average have you **participated in facilitation or mediation** as counsel for a party over the last three years? _____.
6. How many days of the year have you acted as a **case evaluator** under MCR 2.403 over the past three years, in personal injury cases? _____.
7. How many days of the year have you acted as an **arbitrator** over the past three years, in personal injury cases? _____.
8. How many days of the year have you acted as a **facilitator** over the past three years, in personal injury cases? _____.
9. How many personal injury cases did you resolve by way of settlement over the past three years on an annual basis? _____.
10. How many personal injury cases did you try to a verdict in the past three years? _____.
11. Within your practice, what percentage of your cases are:
A. Personal injury? _____% B. Products Liability? _____%
C. Professional malpractice? _____% D. Employment? _____%

CASE EVALUATOR ELIGIBILITY CERTIFICATION

I certify, pursuant to MCR 2.404(B)(1), that I meet the requirements for service under the Macomb County Circuit Court's selection plan and that I will not discriminate against parties, attorneys, or other case evaluators on the basis of race, ethnic origin, gender, or other protected personal characteristic.

Date

Signature

GENDER/RACE/ETHNICITY INFORMATION - OPTIONAL

In order to evaluate our efforts to provide bias free case evaluators and diversity, we ask you to voluntarily identify your gender/race/ethnicity. This information will be maintained separately from the other pages of the application.

Name (First, Middle initial, last. Print or write legibly)

P_____
Bar No.

Please check the appropriate box:

Gender

- ☐ Male
- ☐ Female

Race/Ethnicity

- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Black/African American (non-Hispanic)
- ☐ Caucasian (non-Hispanic)
- ☐ Hispanic
- ☐ Other _____
Please specify

Return this application to:

**Macomb Circuit Court
Case Evaluation Clerk
40 N. Main, 5th Floor
Mt. Clemens, MI 48043**